

<i>SERFF Tracking Number:</i>	<i>JEPT-126935262</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lincoln National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47495</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group Accident</i>		
<i>Project Name/Number:</i>	<i>PPACA Dependent Amendment/GL41-R-ACC.PPACA</i>		

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Group Accident

SERFF Tr Num: JEPT-126935262 State: Arkansas

TOI: H02G Group Health - Accident Only

SERFF Status: Closed-Approved-Closed
State Tr Num: 47495

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Disposition Date: 12/09/2010

Authors: Cindi Allgire, Debbie
Turek, Betty Spratlen

Date Submitted: 12/09/2010
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PPACA Dependent Amendment

Status of Filing in Domicile: Pending

Project Number: GL41-R-ACC.PPACA

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 12/09/2010

Explanation for Other Group Market Type:

State Status Changed: 12/09/2010

Deemer Date:

Created By: Betty Spratlen

Submitted By: Betty Spratlen

Corresponding Filing Tracking Number:

Filing Description:

Re: Group Accident Forms

Forms: GL41-R-ACC.PPACA AR, GL42-R-ACC.PPACA AR

Enclosed for filing with your Department are copies of the captioned forms. We are requesting that these forms be approved for general use with any of our previously approved Group Policy Series GL41 and Group Certificate Series GL42 forms. They will be marketed by licensed agents and brokers.

The submitted forms amend the definition of "Dependent" found in our Group Accident product. The changes are

SERFF Tracking Number: JEPT-126935262 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 47495
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TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Group Accident
Project Name/Number: PPACA Dependent Amendment/GL41-R-ACC.PPACA

designed to facilitate administrative integration with the requirements of The Patient Protection and Affordable Care Act ("PPACA"). Though PPACA does not apply directly to this line of coverage, we have included new dependent age and status requirements to accommodate any future group requests.

An Appendix of Variability and a Readability Certification are included. Your review and notice of approval will be greatly appreciated. If you have questions, please feel free to contact me.

Company and Contact

Filing Contact Information

Betty Spratlen, Compliance Specialist Elizabeth.Spratlen@lfg.com
8807 Indian Hills Drive 402-361-2690 [Phone]
Omaha, NE 68114 402-361-2568 [FAX]

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
350 Church Street Group Code: 20 Company Type: Group
Hartford, CT 06103 Group Name: State ID Number:
(800) 423-2765 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: \$50 per form x's 2 forms
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$100.00	12/09/2010	42781143

SERFF Tracking Number: *JEPT-126935262* *State:* *Arkansas*
Filing Company: *The Lincoln National Life Insurance Company* *State Tracking Number:* *47495*
Company Tracking Number:
TOI: *H02G Group Health - Accident Only* *Sub-TOI:* *H02G.000 Health - Accident Only*
Product Name: *Group Accident*
Project Name/Number: *PPACA Dependent Amendment/GL41-R-ACC.PPACA*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/09/2010	12/09/2010

SERFF Tracking Number: *JEPT-126935262* *State:* *Arkansas*
Filing Company: *The Lincoln National Life Insurance Company* *State Tracking Number:* *47495*
Company Tracking Number:
TOI: *H02G Group Health - Accident Only* *Sub-TOI:* *H02G.000 Health - Accident Only*
Product Name: *Group Accident*
Project Name/Number: *PPACA Dependent Amendment/GL41-R-ACC.PPACA*

Disposition

Disposition Date: 12/09/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	JEPT-126935262	State:	Arkansas
Filing Company:	The Lincoln National Life Insurance Company	State Tracking Number:	47495
Company Tracking Number:			
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	Group Accident		
Project Name/Number:	PPACA Dependent Amendment/GL41-R-ACC.PPACA		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Variability Statement	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Form	Certificate Amendment	Approved-Closed	Yes

SERFF Tracking Number: JEPT-126935262 State: Arkansas

Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 47495

Company Tracking Number:

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: Group Accident

Project Name/Number: PPACA Dependent Amendment/GL41-R-ACC.PPACA

Form Schedule

Lead Form Number: GL41-R-ACC.PPACA AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/09/2010	GL41-R-ACC.PPACA AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Amendment	Initial		55.300	R-ACC_PPACA AR.pdf
Approved-Closed 12/09/2010	GL42-R-ACC.PPACA AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Amendment	Initial		55.600	R-ACC_PPACA AR.pdf

POLICY AMENDMENT

TO BE ATTACHED TO AND MADE A PART OF POLICY NO.: 000000000

ISSUED TO: ABC Company

[FOR: Plan 1/Class 1/Participating Employer XYZ]

The definitions of DEPENDENT and "Child" shown in the ELIGIBILITY AND EFFECTIVE DATES FOR DEPENDENT ACCIDENT INSURANCE are amended to read:

DEPENDENT means an Insured Person's:

- (1) legal spouse, who is not legally separated from the Insured Person;
- [(2) civil union partner or domestic partner;]
- (3) child less than 26 years of age; or
- (4) child age 26 years or older, who is:
 - (a) continuously unable to earn a living because of a physical or mental disability;
and
 - (b) chiefly dependent upon the Insured Person for support and maintenance.

The child must be covered by the [Group Policyholder's/Participating Organization's] Accident plan on the day before coverage would otherwise end due to his or her age. Proof of the total disability must be sent upon request. The premium will continue at the Dependent rate.

[Dependent will also include a child that is required to be provided insurance by the Insured Person under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609a).]

"Child" includes:

- (1) an Insured Person's natural child, legally adopted child, or stepchild;
- (2) a child placed under the Insured Person's charge, care or control for whom the Insured Person has filed a petition to adopt, from:
 - (a) the moment of birth, if the petition of adoption and application for coverage is filed within 60 days after the birth of the minor; or
 - (b) the date of the filing of a petition for adoption, if the Insured Person applies for coverage within 60 days after the filing of the petition for adoption;
- [(3)][a child of a civil union partner or domestic partner;]
- [(4)][a grandchild;]
- (5) a child for whom the Insured Person is required by court order to provide Accident coverage; and
- (6) a foster child for whom the Insured Person has assumed full parental responsibility and control.

This amendment takes effect on December 1, 2010, or on the Covered Employee's effective date of coverage under the Policy; whichever is later. In all other respects, the Policy remains the same.

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY



Officer of the Company

Accepted by the Group Policyholder this _____ day of _____ 20 _____

By _____ Title _____

CERTIFICATE AMENDMENT

**TO BE ATTACHED TO AND MADE A PART OF THE CERTIFICATE FOR
GROUP POLICY NO.: 000000000**

ISSUED TO: ABC Company

[FOR: Plan 1/Class 1/Participating Employer XYZ]

**The definitions of DEPENDENT and "Child" shown in the ELIGIBILITY AND EFFECTIVE DATES
FOR DEPENDENT ACCIDENT INSURANCE are amended to read:**

DEPENDENT means an Insured Person's:

- (1) legal spouse, who is not legally separated from the Insured Person;
- [(2) civil union partner or domestic partner;]
- (3) child less than 26 years of age; or
- (4) child age 26 years or older, who is:
 - (a) continuously unable to earn a living because of a physical or mental disability;
and
 - (b) chiefly dependent upon the Insured Person for support and maintenance.

The child must be covered by the [Group Policyholder's/Participating Organization's]
Accident plan on the day before coverage would otherwise end due to his or her age.
Proof of the total disability must be sent upon request. The premium will continue at
the Dependent rate.

[Dependent will also include a child that is required to be provided insurance by the Insured Person under the
terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment,
decree or order issued by a court of competent jurisdiction or through an administrative process established
under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA
(section 609a).]

"Child" includes:

- (1) an Insured Person's natural child, legally adopted child, or stepchild;
- (2) a child placed under your charge, care or control for whom you have filed a petition to
adopt, from:
 - (a) the moment of birth, if the petition of adoption and application for coverage is
filed within 60 days after the birth of the minor; or
 - (b) the date of the filing of a petition for adoption, if you apply for coverage within 60 days
after the filing of the petition for adoption;
- [(3)][a child of a civil union partner or domestic partner;]
- [(4)][a grandchild;]
- (5) a child for whom the Insured Person is required by court order to provide Accident
coverage; and
- (6) a foster child for whom the Insured Person has assumed full parental responsibility and
control.

**This amendment takes effect on December 1, 2010, or on the Covered Employee's effective date of
coverage under the Policy; whichever is later. In all other respects, the Policy remains the same.**

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY



Officer of the Company

SERFF Tracking Number: JEPT-126935262 State: Arkansas
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 Product Name: Group Accident
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	12/09/2010
Comments:		
Attachments:		
FL12062010 DEP_AMEND PPACA Readability _ACC_.pdf		
FL120610 AR Accident Regulations Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	12/09/2010
Comments:		
The form number of the application previously approved is GL2-APP.02/10 and the date of approval was April 8, 2010.		

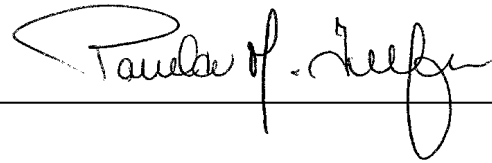
	Item Status:	Status Date:
Satisfied - Item: Variability Statement	Approved-Closed	12/09/2010
Comments:		
Attachment:		
FL12062010 DEP_AMEND PPACA Variability _ACC_.pdf		

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the forms shown below have achieved the indicated Flesch Reading Ease Score.

<u>FORM NO.</u>	<u>FLESCH SCORE</u>
GL41-R-ACC.PPACA AR	55.3
GL42-R-ACC.PPACA AR	55.6

A handwritten signature in black ink, appearing to read "Pamela M. Telfer", is written over a horizontal line.

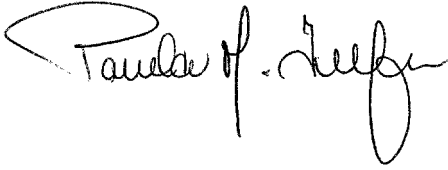
(An Officer of the Company)
Pamela M. Telfer
Assistant Vice President, Product Compliance

**Certificate of Compliance with
Arkansas Rule and Regulation 19 and 49**

Insurer: The Lincoln National Life Insurance Company

Form Number(s): GL41-R-ACC.PPACA AR, et al.

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rules and Regulations 19 and 49.

A handwritten signature in black ink, appearing to read "Pamela M. Telfer". The signature is fluid and cursive, with a large initial "P" and a long, sweeping underline.

Signature of Company Officer

Pamela M. Telfer
Name

Assistant Vice President, Product Compliance & State Filing
Title

December 8, 2010
Date

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

APPENDIX OF VARIABILITY

For Forms:

GL41-R-ACC.PPACA AR

GL42-R-ACC.PPACA AR

The above forms are for use with:

Group Policy Series GL41

Group Certificate Series GL42.

Statement of Variable Material. Variable material is denoted in the forms by underlining or bracketing. The text for the certificate is expressed in second person (you/your) language. The variability indicated in this Memorandum applies to both the policy version and certificate version of forms, unless otherwise indicated. Any alternate variations included in this memorandum that are in third person for the policy would be expressed in second person in the certificate. The following variability is requested.

The Lincoln National Life Insurance Company

DEPENDENT DEFINITION AMENDMENTS. Amendment forms GL41-R-ACC.PPACA AR and GL42-R-ACC.PPACA AR may be attached to the Accident insurance policy and certificate. The following variability applies.

- A. We request variable filing of the group policy number, group policyholder name, plan/class number (if applicable), participating organization name (if to be included), amendment effective date and signature block.
- B. In the **DEPENDENT** section, the following variability applies.
 - 1. In item (2) under **DEPENDENT** and in item (3) under "Child", the bracketed references to "domestic partner" and "civil union partner" are variable and may be included or excluded based upon policyholder request.
 - 2. We request that the underlined ages in items (3) and (4) be variable. The ages will never be lower than the dependent ages required by state law, but may be higher subject to a maximum of 30 years.
 - 3. In item (3):
 - i. the bracketed references to Group Policyholder/Participating Organization be variable so either or both may be included as applicable to the group; and
 - ii. the underlined timeframe for providing proof may range from 31 to 91 days.
 - 4. The bracketed text at the end of the first paragraph regarding a QMCSO may be omitted if not applicable.
 - 5. The bracketed reference to "or grandchild" in Item (4) under "Child" may be omitted when not required and based upon policyholder request.
 - 6. Items (5) and (6) under "Child" may be renumbered based on inclusion or exclusion of items (3) and (4).